Arkansas Department of Human Services
Division of Medical Services
Donaghey Plaza South
PO Box 1437, Slot 1100
Little Rock, Arkansas 72203-1437
Internet Address: www.medicaid.state.ar.us
Telephone (501) 682-8292 TDD (501) 682-6789 FAX (501) 682-1197

December 26, 2001

Johanna Barraza-Cannon
SCHIP Division Director
CMSO/FCHPG/DIHS
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Mail Stop S2-01-16
Baltimore, MD 21244-1850

Dear Ms.Barraza-Cannon:

Attached is Arkansas' FFY 2001 SCHIP annual report as required by SCHIP legislation. Arkansas has used the CMS approved framework, which was provided by NASHP. An electronic copy has also been submitted; an electronic copy has also been sent to Bill Brooks and Bobbie Sullivan in the Dallas Regional Office.

You may contact me at 501-682-8292 or Joie Wallis at 501-682-5424 (or by e-mail at joie.wallis@Medicaid.state.ar.us) if you have any questions regarding this annual report.

Sincerely,

Ray Hanley
Director

RH:jcw

Attachment

c: Bill Brooks, CMS, Region VI

Bobbie Sullivan, CMS, Region VI
Cynthia Pernice, NASHP
file

Federal Fiscal Year 2001
FRAMEWORK FOR ANNUAL REPORT
OF STATE CHILDREN'S HEALTH INSURANCE PLANS
UNDER TITLE XXI OF THE SOCIAL SECURITY ACT

Preamble
Section 2108(a) of the Act provides that the State must assess the operation of the State child health plan in each fiscal year, and report to the Secretary, by January 1 following the end of the fiscal year, on the results of the assessment. In addition, this section of the Act provides that the State must assess the progress made in reducing the number of uncovered, low-income children.

To assist states in complying with the statute, the National Academy for State Health Policy (NASHP), with funding from the David and Lucile Packard Foundation, has coordinated an effort with states to develop a framework for the Title XXI annual reports.

The framework is designed to:

- Recognize the ***diversity*** of State approaches to SCHIP and allow States ***flexibility*** to highlight key accomplishments and progress of their SCHIP programs, **AND**
- Provide ***consistency*** across States in the structure, content, and format of the report, **AND**

- Build on data ***already collected*** by CMS quarterly enrollment and expenditure reports, **AND**

- Enhance ***accessibility*** of information to stakeholders on the achievements under Title XXI.

Federal Fiscal Year 2001
FRAMEWORK FOR ANNUAL REPORT
OF STATE CHILDREN'S HEALTH INSURANCE PLANS UNDER TITLE XXI OF THE SOCIAL SECURITY ACT

State/Territory: ARKANSAS
(Name of State/Territory)

The following Annual Report is submitted in compliance with Title XXI of the Social Security Act (Section 2108(a)).

Ray Hanley, Director, Division of Medical Services (Signature of Agency Head)

SCHIP Program Name(s): N/A

SCHIP Program Type:
__X_ Medicaid SCHIP Expansion Only
_____Separate SCHIP Program Only
_____Combination of the above

Reporting Period: Federal Fiscal Year 2001 (10/1/2000-9/30/2001)

Contact Person/Title: Joie C. Wallis, Program Administrator, Program Planning and Development

Address: Division of Medical Services (Slot S295), PO Box 1437, Little Rock, AR 72203

Phone: 501-682-5424 Fax: 501-682-2480

Email: Joie.Wallis@medicaid.state.ar.us

Submission Date: _____

(Due to your CMS Regional Contact and Central Office Project Officer by January 1, 2002)
Please cc Cynthia Pernice at NASHP (cpernice@nashp.org)

SECTION 1. DESCRIPTION OF PROGRAM CHANGES AND PROGRESS

This sections has been designed to allow you to report on your SCHIP program changes and progress during Federal fiscal year 2001 (September 30, 2000 to October 1, 2001).

1.1 Please explain changes your State has made in your SCHIP program since September 30, 2000 in the following areas and explain the reason(s) the changes were implemented.

Note: If no new policies or procedures have been implemented since September 30, 2000, please enter "NC" for no change. If you explored the possibility of changing/implementing a new or different policy or procedure but did not, please explain the reason(s) for that decision as well.

A. Program eligibility *NC*

B. Enrollment process *NC*

C. Presumptive eligibility *NC*

D. Continuous eligibility *NC*

E. Outreach/marketing campaigns

DHS now coordinates outreach with school nurses; they assist with Medicaid enrollment, including the Medicaid expansion and ARKids First.

F. Eligibility determination process *NC*

G. Eligibility redetermination process *NC*

H. Benefit structure *NC*

I. Cost-sharing policies *NC*

J. Crowd-out policies *NC*

K. Delivery system *NC*

L. Coordination with other programs (especially private insurance and Medicaid) *NC*

M. Screen and enroll process *NC*

N. Application

In August 2001, the ARKids First brochure and application were merged and now form the ARKids First application kit for ARKids A, Medicaid, and ARKids B, an 1115 demonstration, (see Attachment A). This was done to further streamline the application process for the consumer.

O. Other

In August 2001, the assets test was eliminated in ARKids A (the Medicaid side of ARKids First) to further facilitate program coordination between Medicaid, SCHIP Medicaid Expansion, and the ARKids B 1115 demonstration.

1.2 Please report how much progress has been made during FFY 2001 in reducing the number of uncovered low-income children.

A. Please report the changes that have occurred to the number or rate of uninsured, low-income children in your State during FFY 2001. Describe the data source and method used to derive this information.

The number of children covered by the Medicaid program increased by 27.8% while the number of ARKids B children (the 1115 demonstration children) decreased by 1.5%. This shift from ARKids B to Medicaid is primarily due to procedural changes, which were implemented 8-4-00. The procedural changes included combining the application forms for ARKids A (Medicaid) and ARKids B (1115 demonstration). The new combined application also includes a chart, which compares the benefits available under each program and the cost sharing for each program. The removal of the assets test from ARKids A, though implemented late in FFY 2001 (8-13-01), had some impact in the shift from ARKids B to ARKids A. The combined growth rate (ARKids A and B) was 19.1%.*

DATE	*MEDICAID CHILDREN**	*ARKids B CHILDREN*
September 2000	*139,528*	*59,612*
September 2001	*178,380*	*58,741*

** The children in the SCHIP Medicaid expansion are included in the Medicaid children count.*

B. How many children have been enrolled in Medicaid as a result of SCHIP outreach activities and enrollment simplification? Describe the data source and method used to derive this information.

For the period October 2000 through September 2001, there were 2998 children ever enrolled in the SCHIP Medicaid expansion. See Attachment B. Since the beginning of the program (10-1-98) through 9-30-2001, the number of ever-enrolled SCHIP children was 3758. See Attachment C.*

The unduplicated count of SCHIP eligibles for each quarter is as follows:

Quarter	*Number of SCHIP Eligibles**
Oct 00 – Dec 00	*1637*
Jan 01 – Mar 01	*1854*
April 01 – June 01	*1989*
July 01 – Sept 01	*2185*

** This information is from a Decision Support System report produced by the State's fiscal agent.*

C. Please present any other evidence of progress toward reducing the number of uninsured, low-income children in your State.

NC

D. Has your State changed its baseline of uncovered, low-income children from the number reported in your March 2000 Evaluation?

__X__ No, skip to 1.3

____ Yes, what is the new baseline?

What are the data source(s) and methodology used to make this estimate?

What was the justification for adopting a different methodology?

What is the State's assessment of the reliability of the estimate? What are the limitations of the data or estimation methodology? (Please provide a numerical range or confidence intervals if available.)

Had your state not changed its baseline, how much progress would have been made in reducing the number of low-income, uninsured children?

1.3 Complete Table 1.3 to show what progress has been made during FFY 2001 toward achieving your State's strategic objectives and performance goals (as specified in your State Plan).

In Table 1.3, summarize your State's strategic objectives, performance goals, performance measures and progress towards meeting goals, as specified in your SCHIP State Plan. Be as specific and detailed as possible. Use additional pages as necessary. The table should be completed as follows:

Column 1: List your State's strategic objectives for your SCHIP program, as specified in your State Plan.
Column 2: List the performance goals for each strategic objective.
Column 3: For each performance goal, indicate how performance is being measured, and progress towards meeting the goal. Specify data sources, methodology, and specific measurement approaches (e.g., numerator and denominator). Please attach additional narrative if necessary.

Note: *If no new data are available or no new studies have been conducted since what was reported in the March 2000 Evaluation, please complete columns 1 and 2 and enter "NC" (for no change) in column 3*.

Table 1.3 (1) Strategic Objectives (as specified in Title XXI State Plan and listed in Your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
Objectives related to Reducing the Number of Uninsured Children		
Previously uninsured children who may be potentially eligible for Arkansas' Title XXI Program will be identified through ongoing outreach activities.	**By July 1, 1998*, mechanisms to conduct ongoing outreach will have been developed and implemented.** **SCHIP was implemented 10-1-98 rather than the proposed 7-1-98.*	**Data Sources**: The Arkansas Department of Health (ADH), and Arkansas Advocates for Children and Families (AACF). **Methodology**: Personal observation and, verbal and written reports **Progress Summary**: The Arkansas Department of Human Services (DHS) has a contract with the ADH to develop and air television ads to promote the Medicaid program, EPSDT, and the PCCM waiver. ADH also operates a Medicaid (ConnectCare) Help Line; the Help Line number appears in the TV ads. The ads invite individuals to contact the Help Line for additional information. The Help Line provides basic eligibility information and advises callers to contact the DHS County Office to make application. Television ads air during the day and prime time. DHS receives a weekly report on the number of hotline calls. ADH also publishes a "ConnectCare News" newsletter. See Attachment D. DHS also has a contract with AACF to participate in a direct outreach campaign for ARKids First (A and B). The outreach effort for these programs has naturally reached the population that is served through the State's SCHIP program, since they are a subgroup of ARKids A. The outreach initiatives used in FFY 2001 have included, training local volunteers on enrollment procedures, holding health fairs and events, coordinating a back-to-school campaign, which included coaches and school nurses. The annual coaches campaign was expanded to include the local Amateur Athletic Union (AAU). This local campaign served as a springboard for a national AAU campaign which now includes a link with the AAU website to the state health insurance hotline in each state. Also a video store outreach effort was begun which uses a check sized information piece written in both English and Spanish. This information piece is also being included with the payroll checks of several temporary agencies in the state. Additional marketing items include book covers, Frisbees, pencils and refrigerator magnets. AACF continues previous efforts.

Objectives Related to SCHIP Enrollment		
Low-income children who were previously without health insurance coverage will have health insurance coverage through Arkansas' Title XXI Program.	Within 60 days of implementing the SCHIP Medicaid expansion, DHS will notify the families of ARKids B* children, who are potentially eligible for SCHIP Medicaid, of the Medicaid expansion and their potential eligibility. A Medicaid application form will be included with the notice. Through this effort and other outreach efforts, the State expects to enroll approximately 3800 children by the end of the first year of the SCHIP Medicaid expansion. ** The ARKids First 1115 demonstration has been renamed and is now called ARKids B.*	**Data Sources**: **Methodology**: **Progress Summary**: NC

Objectives Related to Increasing Medicaid Enrollment		
The infrastructure of the Arkansas Department of Human Services (DHS), Division of Medical Services (DMS)) and Division of County Operations, will be able to accommodate all critical facets of Phase I of Arkansas' Title XXI Program. In Phase I, we will adopt the Medicaid expansion option by offering Medicaid to children born after 9-30-82 and prior to 10-1-83, who have incomes equal to or less than 100% of the federal poverty level. A resource test (e.g. $3200 for a family of 4) must also be met.	By July 1, 1998*, DHS will have the following in place: (1) data systems modification with regard to eligibility determination, enrollment, participant information, health service utilization, billing, provider information, etc: (2) personnel to implement the expansion (i.e. eligibility workers, administrative staff, and support staff); and (3) publications such as eligibility and provider manual issuances to implement the expansion. **SCHIP was implemented 10-1-98 rather than the proposed 7-1-98.*	**Data Sources**: **Methodology**: **Progress Summary**: NC

Objectives Related to Increasing Access to Care (Usual Source of Care, Unmet Need)		
Children enrolled in Arkansas' Title XXI Program will have access to health care.	As children are enrolled in the SCHIP Medicaid expansion, their parents will be asked to select a primary care physician (PCP) of their choice. The DMS Primary Care Case Management Program, ConnectCare, offers 1800* physicians statewide, who have a caseload availability of approximately 1,000,000 patients. Access availability is five to one. For those children whose parents do not immediately select a PCP, the system will require such selection at the first attempt to access medical care at a doctor's office or emergency room. ** Effective 12-1-00, this increased to 1896 ConnectCare physicians.*	**Data Sources**: **Methodology**: **Progress Summary**: NC

<table>
<tr><th colspan="3">Objectives Related to Use of Preventative Care (Immunizations, Well Child Care)</th></tr>
<tr>
<td>Arkansas' Title XXI Program will improve the health status of children enrolled in the program as well as improve the overall health care system accessed through the program.</td>
<td>Beginning July 1, 1998*, the following health status and health care system measures for the Arkansas Medicaid expansion will show acceptable incremental improvements for at least the following data elements: immunization status, adolescent well visits, and satisfaction with care.

* The SCHIP Medicaid expansion was implemented 10-1-98 rather than the proposed date of July 1, 1998.</td>
<td>Data Sources:

Audit report

Methodology:

Progress Summary:

In July 2000, the State completed a sample audit of immunization records, which established that 65% of Medicaid children, including the SCHIP Medicaid expansion children, have had age appropriate immunizations.

The claims analysis for State Fiscal Year 2000 (July 1, 1999 through June 30, 2000) shows the following EPSDT screening data:

<u>Age Range</u> <u>% of ARKids A Children Receiving a full EPSDT Screen</u>

0-11 mo. 85.29
12-23 mo 73.58
2-5 years 40.46
6-9 years 14.41
10-20 years 9.94

Attached is a Medicaid Recipient Satisfaction Survey (the SCHIP Medicaid expansion is not broken out). See Attachment E – see Section 2.8 A for a summary of the survey results.</td>
</tr>
</table>

Other Objectives: Objectives Related to SCHIP Enrollment		

1.4 If any performance goals have not been met, indicate the barriers or constraints to meeting them.

1.5 Discuss your State's progress in addressing any specific issues that your state agreed to assess in your State plan that are not included as strategic objectives.

N/A

1.6 Discuss future performance measurement activities, including a projection of when additional data are likely to be available.

The same performance measurement activities that are in place for Title XIX are in place for the Title XXI Medicaid expansion.

1.7 Please attach any studies, analyses or other documents addressing outreach, enrollment, access, quality, utilization, costs, satisfaction, or other aspects of your SCHIP program's performance. Please list attachments here.

OUTREACH
Attachment C – ConnectCare News

ENROLLMENT
Attachment B – Unduplicated Number of CHIP Eligibles Ever Enrolled from 10/1/00 – 9/30/01
ACCESS

QUALITY AND SATISFACTION
Attachment E – Arkansas Medicaid Recipient Satisfaction Survey

SECTION 2. AREAS OF SPECIAL INTEREST

This section has been designed to allow you to address topics of current interest to stakeholders, including; states, federal officials, and child advocates.

2.1 Family coverage: *N/A*

A. If your State offers family coverage, please provide a brief narrative about requirements for participation in this program and how this program is coordinated with other program(s). Include in the narrative information about eligibility, enrollment and redetermination, cost sharing and crowd-out.

B. How many children and adults were ever enrolled in your SCHIP family coverage program during FFY 2001 (10/1/00 - 9/30/01)?

_____Number of adults
_____Number of children

C. How do you monitor cost-effectiveness of family coverage?

2.2 Employer-sponsored insurance buy-in: *N/A*

A. If your State has a buy-in program, please provide a brief narrative about requirements for participation in this program and how this program is coordinated with other SCHIP program(s).

B. How many children and adults were ever enrolled in your SCHIP ESI buy-in program during FFY 2001?

_____Number of adults
_____Number of children

2.3 Crowd-out: *N/A*

A. How do you define crowd-out in your SCHIP program?

B. How do you monitor and measure whether crowd-out is occurring?

C. What have been the results of your analyses? Please summarize and attach any available reports or other documentation.

D. Which anti-crowd-out policies have been most effective in discouraging the substitution of public coverage for private coverage in your SCHIP program? Describe the data source and method used to derive this information.

2.4 Outreach:

DHS has contracts with the Arkansas Department of Health (ADH) and Arkansas Advocates for Children and Families (AACF). Information pertaining to each is addressed below for each question.

A. What activities have you found most effective in reaching low-income, uninsured children? How have you measured effectiveness?

ADH: Television and radio advertising targeted toward increasing utilization of preventive health services among Medicaid and Title XXI recipients also reaches uninsured households. When incentives are offered (e.g., a free Wendy's Kid's Meal upon completion of an EPSDT screen), interest among non-covered families increases.
Effectiveness is measured through weekly and monthly reports of numbers of calls by reason for the call and Medicaid status of caller.

AACF: Partnering with school nurses during school registration.
Effectiveness has been monitored by evaluating the monthly enrollment figures over the past few years to see its fluctuation during the months after school registration.

B. Have any of the outreach activities been more successful in reaching certain populations (e.g., minorities, immigrants, and children living in rural areas)? How have you measured effectiveness?

ADH: There are regional differences in numbers of calls, which appear to result from reach and frequency of advertising purchased. (Reach is the number of different people who are exposed to the ad at least once. Frequency is the number of times they are exposed to the ad.)
Effectiveness is measured through weekly and monthly reports of numbers of calls by reason for the call and Medicaid status of caller.

C. Which methods best reached which populations? How have you measured effectiveness?

ADH: Two methods seem to work best; keying the media approach to the specific population, e.g., ethnic and racial minority populations, women, teens, etc., and targeting preferences expressed by focus group participants. ADH specifically targets ads to African-Americans through purchasing time on Urban-Contemporary and BET and MTV on cable. They have also done some limited Public Service Announcements on Hispanic radio in the two counties with large Hispanic populations.
Effectiveness is measured through weekly and monthly reports of numbers of calls by reason for the call and Medicaid status of the caller.

2.5 Retention:

A. What steps are your State taking to ensure that eligible children stay enrolled in Medicaid and SCHIP? *NC*

B. What special measures are being taken to reenroll children in SCHIP who disenroll, but are still eligible? *NC*

___ Follow-up by caseworkers/outreach workers
___ Renewal reminder notices to all families
___ Targeted mailing to selected populations, specify population
___ Information campaigns
___ Simplification of re-enrollment process, please describe
___Surveys or focus groups with disenrollees to learn more about reasons for disenrollment, please describe
___ Other, please explain

C. Are the same measures being used in Medicaid as well? If not, please describe the differences. *NC*

D. Which measures have you found to be most effective at ensuring that eligible children stay enrolled?

DHS county workers are becoming more generic; therefore if a family is in the office for Food Stamps or TANF and has a Medicaid reevaluation due, the worker will complete the Medicaid reevaluation while the family is in for Food Stamps or TANF thus eliminating the need for the family to take additional action for the child to remain Medicaid eligible (this includes the SCHIP Medicaid Expansion children).

E. What do you know about insurance coverage of those who disenroll or do not reenroll in SCHIP (e.g., how many obtain other public or private coverage, how many remain uninsured?) Describe the data source and method used to derive this information. *NC*

2.6 Coordination between SCHIP and Medicaid:

A. Do you use common application and redetermination procedures (e.g., the same verification and interview requirements) for Medicaid and SCHIP? Please explain.
NC

B. Explain how children are transferred between Medicaid and SCHIP when a child's eligibility status changes.
NC

C. Are the same delivery systems (including provider networks) used in Medicaid and SCHIP? Please explain.
NC

2.7 Cost Sharing: *N/A*

A. Has your State undertaken any assessment of the effects of premiums/enrollment fees on participation in SCHIP? If so, what have you found?

B. Has your State undertaken any assessment of the effects of cost-sharing on utilization of health service under SCHIP? If so, what have you found?

2.8 Assessment and Monitoring of Quality of Care:

A. What information is currently available on the quality of care received by SCHIP enrollees? Please summarize results.

The SCHIP Medicaid expansion is not addressed separately but is included in the Arkansas Recipient Satisfaction Survey – 2001, Attachment E. Listed in the table below are the satisfaction composites, which reflect respondents' perceptions of access, timeliness, doctor/patient communication, medical office staff courtesy and helpfulness, and Medicaid customer service quality.

Satisfaction Composites – Child*	2001	1999	1998
Getting the care you need	*85*	*85*	*79*
Getting care without long waits	*81*	*80*	*76*
Doctors who communicate well/ spend enough time with patients	*89*	*88*	*86*
Courtesy of medical office staff	*91*	*90*	*89*
Medicaid customer service	*68*	*61*	*60*

* The percentage of respondents reporting high satisfaction – "usually or always" or "not a problem".

A. What processes are you using to monitor and assess quality of care received by SCHIP enrollees, particularly with respect to well-baby care, well-child care, immunizations, mental health, substance abuse counseling and treatment and dental and vision care?

The State uses surveys and systems generated reports to monitor and assess quality of care. See examples listed below:

- *Dental survey conducted from December 2000 to January 2001; surveyed dentists who are Medicaid enrolled and those who are not enrolled as Medicaid providers. The survey was designed to identify potential barriers to provider enrollment in the Medicaid program. The three most problematic items, identified by the survey, among all dentists with regard to the Arkansas Medicaid Dental program are: low fees, broken appointments and the need for prior approval.*

  The Division of Medical Services (DMS) is a member of the Governor's Oral Health Coalition comprised of oral health care professionals, Arkansas Department of Health staff, rural health care providers and DHS staff. The mission is to improve oral health care in Arkansas for Medicaid recipients and for the general population. A statewide meeting is scheduled for February to identify barriers and solutions.

- *DMS monitors the EPSDT screening rates through systems generated reports. That information is transmitted to the child's Primary Care Physician (PCP) through the PCP's monthly reports, which list the children who are due an EPSDT screen and/or immunization in the coming month. This procedure is followed for Medicaid children including the SCHIP Medicaid expansion. Also the Arkansas Foundation for Medical Care prepares an analysis of EPSDT claims.*

B. What plans does your SCHIP program have for future monitoring/assessment of quality of care received by SCHIP enrollees? When will data be available?

NC

SECTION 3. SUCCESSES AND BARRIERS

This section has been designed to allow you to report on successes in program design, planning, and implementation of your State plan, to identify barriers to program development and implementation, and to describe your approach to overcoming these barriers.

3.1 Please highlight successes and barriers you encountered during FFY 2001 in the following areas. Please report the approaches used to overcome barriers. Be as detailed and specific as possible.

Note: If there is nothing to highlight as a success or barrier, Please enter "NA" for not applicable.

A. Eligibility *N/A*

B. Outreach *Partnering with school nurses during school registration.*

C. Enrollment

In August 2001, the ARKids First brochure and application were merged and now form the ARKids application kit for ARKids A and ARKids B (see Attachment A). This was done to further streamline the application process for the consumer.

D. Retention/disenrollment *N/A*

E. Benefit structure *N/A*

F. Cost-sharing *N/A*

G. Delivery system *N/A*

H. Coordination with other programs *N/A*

I. Crowd-out *N/A*

J. Other *N/A*

SECTION 4: PROGRAM FINANCING

This section has been designed to collect program costs and anticipated expenditures.

5.2 **Please complete Table 4.1 to provide your budget for FFY 2001, your current fiscal year budget, and FFY 2002-projected budget. Please describe in narrative any details of your planned use of funds.**

N*ote: Federal Fiscal Year 2001 starts 10/1/00 and ends 9/30/01).*

	Federal Fiscal Year 2001 costs	Federal Fiscal Year 2002	Federal Fiscal Year 2003
Benefit Costs			
Insurance payments	N/A	N/A	N/A
Managed care	N/A	N/A	N/A
per member/per month rate X # of eligibles			
Fee for Service	$2,737,114	$3,400,000	$4,100,000
Total Benefit Costs	$2,737,114	$3,400,000	$4,100,000
(Offsetting beneficiary cost sharing payments)			
Net Benefit Costs	$2,737,114	$3,400,000	$4,100,000
Administration Costs			
Personnel			
General administration			
Contractors/Brokers (e.g., enrollment contractors)			
Claims Processing			
Outreach/marketing costs			
Other	$304,124	$340,000	$410,000
Total Administration Costs	$304,124	$340,000	$410,000
10% Administrative Cost Ceiling	$273,711	$340,000	$410,000
Federal Share (multiplied by enhanced FMAP rate)	$2,434,252	$3,066,800	$3,698,200
State Share	$586,673	$673,200	$811,800
TOTAL PROGRAM COSTS	$3,010,825	$3,740,000	$4,510,000

4.2 Please identify the total State expenditures for family coverage during Federal fiscal year 2001.

$ 0 (for parents)

4.3 What were the non-Federal sources of funds spent on your SCHIP program during FFY 2001?

__X__State appropriations
_____County/local funds
_____Employer contributions
_____Foundation grants
_____Private donations (such as United Way, sponsorship)
_____Other (specify)

A. Do you anticipate any changes in the sources of the non-Federal share of plan expenditures.

No

SECTION 5: SCHIP PROGRAM AT-A-GLANCE

This section has been designed to give the reader of your annual report some context and a quick glimpse of your SCHIP program.

5.1 To provide a summary at-a-glance of your SCHIP program characteristics, please provide the following information. If you do not have a particular policy in-place and would like to comment why, please do. (Please report on initial application process/rules)

Table 5.1	**Medicaid Expansion SCHIP program**	**Separate SCHIP program** ***N/A***
Program Name	The Medicaid expansion is unnamed.	
Provides presumptive eligibility for children	__X__No _____Yes, for whom and how long?	_____No _____Yes, for whom and how long?
Provides retroactive eligibility	_____No __X__Yes, for whom and how long?	_____No _____Yes, for whom and how long?
Makes eligibility determination	__X__State Medicaid eligibility staff _____Contractor _____Community-based organizations _____Insurance agents _____MCO staff _____Other *(specify)*	_____State Medicaid eligibility staff _____Contractor _____Community-based organizations _____Insurance agents _____MCO staff _____Other *(specify)*
Average length of stay on program	Specify months 12 (Highest was 1681 days and lowest was 22 days. There were 1557 in the universe.)	Specify months
Has joint application for Medicaid and SCHIP	_____No __X__Yes	_____No _____Yes
Has a mail-in application	_____No __X__Yes	_____No _____Yes
Can apply for program over phone	__X__No _____Yes	_____No _____Yes
Can apply for program over internet	__X__No, but can print application from web page. _____Yes	_____No _____Yes
Requires face-to-face interview during initial application	__X__No _____Yes	_____No _____Yes
Requires child to be uninsured for a minimum amount of time prior to enrollment	__X__No _____Yes, specify number of months What exemptions do you provide?	_____No _____Yes, specify number of months What exemptions do you provide?

Table 5.1	Medicaid Expansion SCHIP program	Separate SCHIP program *N/A*
Provides period of continuous coverage <u>regardless of income changes</u>	__X__No _____ Yes, specify number of months Explain circumstances when a child would lose eligibility during the time period	_____No _____Yes, specify number of months Explain circumstances when a child would lose eligibility during the time period
Imposes premiums or enrollment fees	__X__No _____Yes, how much? Who Can Pay? ___ Employer ___ Family ___ Absent parent ___ Private donations/sponsorship ___ Other (specify)	_____No _____Yes, how much? Who Can Pay? ___ Employer ___ Family ___ Absent parent ___ Private donations/sponsorship ___ Other (specify)
Imposes copayments or coinsurance	__X__No _____Yes	_____No _____Yes
Provides preprinted redetermination process	__X__ No _____ Yes, we send out form to family with their information precompleted and: ___ ask for a signed confirmation that information is still correct ___ do not request response unless income or other circumstances have changed	_____ No _____ Yes, we send out form to family with their information and: ___ ask for a signed confirmation that information is still correct ___ do not request response unless income or other circumstances have changed

5.2 Please explain how the redetermination process differs from the initial application process.

A one-page (front and back) renewal form is system-generated and mailed to the client at the end of the tenth month. Recipients are asked to only report changes in income, household composition, child care expenses (for ARKids A determination), PCP and insurance. If the children are no longer eligible in the current category, the caseworker will determine eligibility in other appropriate categories and if eligible automatically move the children to the appropriate category with proper notice.

SECTION 6: INCOME ELIGIBILITY

This section is designed to capture income eligibility information for your SCHIP program.

6.1 As of September 30, 2001, what was the income standard or threshold, as a percentage of the Federal poverty level, for countable income for each group? If the threshold varies by the child's age (or date of birth), then report each threshold for each age group separately. Please report the threshold after application of income disregards. *NC*

Title XIX Child Poverty-related Groups or Section 1931-whichever category is higher

____% of FPL for children under age _____
____% of FPL for children aged _____
____% of FPL for children aged _____

Medicaid SCHIP Expansion

____% of FPL for children aged _____
____% of FPL for children aged _____
____% of FPL for children aged _____

Separate SCHIP Program *N/A*

____% of FPL for children aged _____
____% of FPL for children aged _____
____% of FPL for children aged_____

6.2 As of September 30, 2001, what types and *amounts* of disregards and deductions does each program use to arrive at total countable income? *Please indicate the amount of disregard or deduction used when determining eligibility for each program. If not applicable, enter "NA".* *NC*

Do rules differ for applicants and recipients (or between initial enrollment and redetermination)?

____ Yes ____ No

If yes, please report rules for applicants (initial enrollment).

Table 6.2			
	Title XIX Child Poverty-related Groups	Medicaid SCHIP Expansion	Separate SCHIP Program
Earnings	$	$	$
Self-employment expenses	$	$	$
Alimony payments Received	$	$	$
Paid	$	$	$
Child support payments Received	$	$	$
Paid	$	$	$
Child care expenses	$	$	$
Medical care expenses	$	$	$
Gifts	$	$	$
Other types of disregards/deductions (specify)	$	$	$

6.3 For each program, do you use an asset test?

Title XIX Poverty-related Groups

_X__No ___Yes, specify countable or allowable level of asset test_____

The assets test was dropped effective 8-13-2001.

Medicaid SCHIP Expansion program

__X__No____Yes, specify countable or allowable level of asset test_____

The assets test was dropped effective 8-13-2001.

Separate SCHIP program

____No____Yes, specify countable or allowable level of asset test_____

Other SCHIP program_____

____No____Yes, specify countable or allowable level of asset test_____

6.4 Have any of the eligibility rules changed since September 30, 2001?

___ Yes _X__ No

SECTION 7: FUTURE PROGRAM CHANGES

This section has been designed to allow you to share recent or anticipated changes in your SCHIP program.

7.1 What changes have you made or are planning to make in your SCHIP program during FFY 2002 (10/1/01 through 9/30/02)? Please comment on why the changes are planned.

A. Family coverage

B. Employer sponsored insurance buy-in

C. 1115 waiver

D. Eligibility including presumptive and continuous eligibility

E. Outreach

F. Enrollment/redetermination process

Effective 12-01, questions were added to the Food Stamp Quarterly Report (QR) and Midpoint Review (MR) forms, which will enable the caseworker to complete the Medicaid and ARKids First (A and B) renewal for families who also receive Food Stamps.

We think this will greatly enhance retention efforts as families are often more motivated to complete the review to continue receipt of Food Stamps than they are to complete the review process for medical services which may not be needed each month. There is no adverse impact on Medicaid or ARKids First enrollment, when families do not return the QR/MR for Food Stamps, however the family will have to complete the Medicaid or ARKids First renewal process.

G. Contracting

H. Other

Arkansas' separate state plan has been approved. The State plans to implement it July 1, 2002. The separate state program will convert approximately 20% of the State's Title XIX 1115 demonstration, ARKids B, to Title XXI.